

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 025 ****70.00

DOCUMENT # N98000005114 ✓

1. Corporation Name

THE GENTLEMAN'S CLUB OF LAKE LAND, INC.

592160-90029-16

Principal Place of Business

1122 NEVILLE AVE
LAKE LAND FL 33805

Mailing Address

1122 NEVILLE AVE
LAKE LAND FL 33805



2. Principal Place of Business

21 1122 NEVILLE AVE

2a. Mailing Address

26 1122 NEVILLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LAKE LAND, FLA

27 City & State

28 LAKE LAND, FLA

24 Zip

25 33805

Country

26 POIK

29 Zip

30 33805

Country

31 POIK

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3532881

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRIFFIN, GEORGE E
1122 NEVILLE AVE
LAKE LAND FL 33805

10. Name and Address of New Registered Agent

81 Name GEORGE E. GRIFFIN

82 Street Address (P.O. Box Number is Not Acceptable)

1122 NEVILLE AVE

83

84 City

LAKE LAND

FL

85 Zip Code

33805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Trustee
Rickey Screen
STREET ADDRESS 5205 TILLEY RD
CITY-ST-ZIP LAKE LAND, FLA 33813

TITLE ☐ DELETE

NAME Trustee
CURTIS Borders
STREET ADDRESS 2268 CRYSTAL GROVE
CITY-ST-ZIP LAKE LAND, FLA 33861

TITLE ☐ DELETE

NAME Trustee
GEORGE GRIFFIN
STREET ADDRESS 1122 NEVILLE AVE
CITY-ST-ZIP LAKE LAND, FLA 33805

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *George Griffin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

9-9-99 941-682-4208
Date Daytime Phone #

CR2E037 (5/99)